BEST AVAILABLE COPY

DATENT	A DDL LO ATION	CCC DCTCDANA	ATION DECODE
PAICNI	APPLICATION	PEE DE LEKININ	ATION RECORD

Effective October 1, 2000

Application or Docket Number

09/757321

CLAIMS AS FILED - PART I (Column 1)			(Colu	mn 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS		17				l	RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			\`] minus 20=		•	9		X\$ 9=		OR	X\$18=	9
INDEPENDENT CLAIMS			う minus 3 =		*	9		X40=		OR	X80=	B
MULTIPLE DEPENDENT CLAIM PRESENT					•			+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART II									LITITY		OTHER SMALL I	
		(Column 1) CLAIMS		(Colu		(Column 3)	, ,	SMALL E		OR	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	T CL AINA	=		X40=		OR	X80=	, ,
	FINOT FRESE	NIATION OF MIC	DETIFIE DE	FENDEN	T CLAIN		_	+135=		OR	+270=	
								TOTAL		OR	TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3		ADDIT. FEE			ADDIT. FEE	
		CLAIMS		HiGi	HEST	Coldinii	Ίı	1	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	***	T CL AIM	<u> -</u>		X40=		OR	X80=	
L	THOTTRESE	INTATION OF IM	DETIFEE DE	PENDEN	I CLAIN		┛╽	+135=		OR	+270=	
								TOTAL ADDIT. FEE	7	OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=			X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM			7.70-		OR	7.00=	
	If the entry in colu	mn 1 is less than t	ne entry in col	lumn 2 wri	te "0" in ~	olumn 3		+135=		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											